Yes No No	child because	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	sclosed. Have y	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exce excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
QUESTIONS)F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nswered and the h "Yes" response.	must be a ed for eac	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
vith Yes No No	arrangement w	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
res No N	or before the da	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	× ×	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No X	receive any pregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penagainst anyong 30 days late	r Employing Office: Be Termination Date:	Officer or Employee	Filer Member of the U.S. State: Status House of Representatives District: Type Annual (May 16, 2011) Amendment
2011 MAY 16 PM 4: 40 OFFICE OBERTAINE SELECTION ALS	He 21	Daytime Telephone: (との)とさってもら	Daytime 1	Name: Honry Hank Volhnow, Jr.
HAND DELIVERED 7	HAN	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		,
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
yland	Legislative Pension	\$9,000
ion	Spouse Salary	NA
Burraush Johnson & Apacwell	Some raters	h,A
Nakalb County 61	Densin parmet	Darment 311, 600, (2)
),		-

	Name
•	Hem
	3C"
	lbork
	بهاد که نه
q	برلمه
	Page 3
	3,5

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Topo or namental no nor to more or more or the many processor and the more of the second or the seco			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
NA			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	

Name Hewy C. "Hank" Johnson

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

>

(3)

o

O

m

77

Ω

 \mathbf{x}

_

د..

ᆽ

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (*unless* there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$25,000,001 -

Over \$50,000,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$50,000,000

DC SP

Examples:

Mega Corp. Stock Simon & Schuster

Indefinite

ж

1st Bank of Paducah, KY Accounts

BLOCK B
Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

Page 4 of.

 		 	-		Over scources	<u></u>
					NONE	ing ga D m (s th ye c Ω
				×	DIVIDENDS	Type of Inc. Check all columns the retirement accounts that you to choose specific in that generate tax-defit (such as 401(k) plans may check the "Not Dividends, interest, gains, even if relinves disclosed as income. If the asset generated in the reporting period
		×			RENT	Typ k all coment according to choose generating as 401 check check ends, were as asset generating to the check check ends, were check ends, were check as asset generating as asset generating the check ends, were check ends ends ends ends ends ends ends ends
			7 V		INTEREST	yp c t acc c acc acc
				×	CAPITAL GAINS	e of inco blumns the counts that specific in specific in specific in specific in specific in specific in specific in the "No interest, income. Income.
					EXCEPTED/BLIND TRUST	fins ins ins ins ins ins cific ins ins cific ins ins cific ins
			Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
					None -	was en or the state of the stat
		144			\$1\$200 ==	For retire you to cyou to chat generate #Non indicate checking Divident even if consistency was earn
					\$201 - \$1,000 =	Amount of Income Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
				×	\$1,001 - \$2 ,500 2	Amount of Income ament accounts that do not hoose specific investment tax-deferred income) plans or IRAs), you mate tax-deferred income of income of income category of income the category of income of interest, and capital reinvested, must be distributed or generated.
		<u>L</u>	Ì		\$2,501 - \$5,000 <	belock by and the specific inverse specific inverse sor IRAs), you want for all category of appropriate terest, and casted, must by heak "None" r generated.
		 ×			\$5,001 - \$15,000 ≤	Int of Income accounts that do not allow specific investments or sy-deferred income (such or IRAs), you may check mm. For all other assets, ategory of income by appropriate box below. Ited, must be disclosed seck "None" if no income generated.
		_			\$15,001 - \$50,000 ≤	Inc s the ic irred red irred y o y o y o nd ust
		_	()		\$50,001 - \$100,000 ≦	incontrol of incon
 	ļ		×		\$100,001 - \$1,000,000	bine do not al astments scome (s come (s amay ch amay ch ather ass income box bel box bel pital gai pital gai e disclo f no incc
 		<u> </u>	133		\$1,000,001 - \$ 5,000,000 ×	ome t do not allow restments or ncome (such ou may check outher assets, income by box below, apital gains, se disclosed if no income
		L	_	Ш	Over \$5,000,000	illow s or such neck sets, by low. ins, ins, sed ome
			, , , , , , , , , , , , , , , , , , ,	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

This page may be copied if more space is required.

		7 D 8	၂၀ 🗴
	N'A.	SP, DC,	SCHEDULE III—ASSETS ANI Continuation Sheet (if needed)
		None > \$1 - \$1,000 cr \$1,001 - \$15,000 ∩	-ASSETS AND "UNEARNED" INCOME
		\$15,001 - \$50,000	"INCOME
		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	
		(Specify: e.g., Partnership Income or Farm Income)	Name KM
		None — \$1 - \$200 = \$201 - \$1,000	C"Hamk" JIV
		\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	A VA
		BLOCK E Transaction P, S, E	Page S of S

SCHEDULE IV— TRANSACTIONS

Name Henry C. Hank" Johnson, Dr

											Z. A.		SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	cate (<i>l.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
												,			항 두 뜻 PURCHASE	루 ⁽	
													×		SALE		Type ransac
															EXCHANGE		Type of Transaction
			3												Check Box if C Gain Exceeded	apital 1 \$200	
						_							10-12-10		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
					·	-									\$1,001~ \$15,000	>	
				ļ					 				×		\$15,001- \$50,000	Φ.	
		· 													\$50,001- \$100,000	ဂ	Am
ļ			1	<u> </u>							ļ				\$100,001- \$250,000	0	Amount of
									 		ļ.				\$250,001- \$500,000	m	of T
							. 1								\$500,001- \$1,000,000	П	Transaction
															\$1,000,001- \$5,000,000	<u> </u>	actio
											<u> </u>				\$5,000,001- \$25,000,000	I	š
												'	_		\$25,000,001- \$50,000,000 Over		
	 <u> </u>	<u> </u>	<u> </u>]		<u> </u>		<u> </u>		<u> </u>		<u> </u>			\$50,000,000	ے	

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name Henry C. Hank Johnson Sr. Page I

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving **charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal triendship received from Committee on Standards)	\$345
N.A.		

0	Name Henry
	in CHOOK
	Johnson
*	بملا
	Page 8 of 5

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	· Y	2 Days
N.A.						
•						
	_, ,					

S
C
Ĭ
m
Ħ
~
F
m
S
Ę
ĺ
ס
0
Ŵ
\Box
Ī
0
Z
S

Name Herry C" Honk" Johnson, Jr

Tage $\frac{9}{2}$ of $\frac{9}{2}$

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
N,V	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
į		
	N.A.	